

OPTIMA FOODS, INC.

10090

ARNOLVYN UMANZOR

Employee ID: UMA001

Social Sec # xxx-xx-xxxx

Gross	This Check	Year to Date		Hours	Rate	Total
	350.00	7,331.00		40.00	8.00	320.00
Soc Sec	-21.70	-454.52	Regular	2.50	12.00	30.00
Medicare	-5.08	-106.32	Overtime			
State	-8.77	-204.97				
Fed Income	-37.57	-815.98				
SDI	-0.60	-11.40				

Net Check: \$276.28

Check Date: 10/1/13

Total 42.50 350.00

Pay Period Ending: Sep 28, 2013

Check Number: 10090

OPTIMA FOODS, INC.

10181

ARNOLVYN UMANZOR

Employee ID: UMAC01
Social Sec # xxx-xx-1

	This Check	Year to Date		Hours	Rate	Total
Gross	320.00	8,373.00				
Soc Sec	-19.84	-519.43	Regular	40.00	8.00	320.00
Medicare	-4.64	-121.50	Overtime		12.00	
State	-7.42	-231.96				
Fed Income	-33.07	-928.24				
SDI	-0.60	-13.20				

Net Check: \$254.43

Total

40.00

320.00

Check Date: 10/22/13

Pay Period Ending: Oct 19, 2013

Check Number: 10181

Messer Enterprises, LLC
88 W Candler St
Winder, GA 30680

ARNALVIN VELAZQUEZ UMANZOR 30185

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Reg	7.50	88.03	660.23	168.93	1266.98
Total Gross Pay		88.03	660.23	168.93	1266.98

Earnings Statement

Check Date: January 22, 2015
Period Beginning: January 01, 2015
Period Ending: January 15, 2015
Check Number: 1439480
Net Pay: 518.34
Check Amount: 518.34

Stores 31559
Department 000610

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		660.23	9.57	18.37
Medicare - Additiona		660.23		
OASDI		660.23	40.93	78.55
Federal Income Tax	S/O	660.23	65.44	122.86
Georgia SITW	S/O	660.23	25.95	48.69
Total Tax Withholding			141.89	268.47

Messer Enterprises, LLC
88 W Candler St
Winder, GA 30680

Earnings Statement

ARNALVIN VELAZQUEZ UMANZOR 30185

Stores 31559
Department 000610

Check Date: December 22, 2014
Period Beginning: December 01, 2014
Period Ending: December 15, 2014
Check Number 1383350
Net Pay 485.59
Check Amount 485.59

Earnings	Rate	Hours	Amount	YTD Hrs	YTD Amt
Reg	7.50	82.03	615.23	361.21	2701.80
OT				14.17	159.41
Total Gross Pay		82.03	615.23	375.38	2861.21

Taxes	Status	Taxable	Amount	YTD Amt
Medicare		615.23	8.92	41.49
Medicare - Additional		615.23		
OASDI		615.23	38.15	177.40
Federal Income Tax	S/O	615.23	59.32	270.09
Georgia SITW	S/O	615.23	23.25	103.64
Total Tax Withholding			129.64	592.62

1273

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2013** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20

See separate instructions.

Your first name and initial
ARNOLVIN U

Last name
VELASQUEZ

Your social security number
[REDACTED]

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
[REDACTED] CONNECTICUT AVENUE

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
[REDACTED] [REDACTED] [REDACTED]

Foreign country name

Foreign province/state/county

Foreign postal code

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☒ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17, qualifying for child tax credit (see instructions)
[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 19,829.

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or SE 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 19,829.

Adjusted Gross Income

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 19,829.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

FD100

Form 1040 (2013)

VSA

0103

0401

[REDACTED]

[REDACTED]

[REDACTED]

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Form 1040 (2013) **ARNOLVIN U VELASQUEZ**Page **2****Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,100
Married filing jointly or Qualifying widow(er), \$12,200
Head of household, \$8,950

38	Amount from line 37 (adjusted gross income)	38	19,829.
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,950.
41	Subtract line 40 from line 38	41	10,879.
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	7,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	3,079.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	308.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	308.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	308.
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	308.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	0.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	2,036.
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	2,884.
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Schedule 8812	65	692.
66	American opportunity credit from Form 8863, line 1	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	5,612.

Refund

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	5,612.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	5,612.
b	Routing number XXXXXXXX	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number XXXXXXXXXXXXXXXXXXXX		
75	Amount of line 73 you want applied to your 2014 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0.
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
Liberty Tax Service	(631) 371-1515	

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
	3/3/2014	DELIVERY	(516) 725-8477
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identify Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Gloria Corzo		3/3/2014		P01987098
Firm's name	Firm's EIN	Phone no.		
Liberty Tax Service		(631) 371-1515		
Firm's address				
Port Washington, NY 11050				

[The body of this document contains extremely faint, illegible text that appears to be a series of paragraphs. Due to the low contrast and quality of the scan, the specific content of the text cannot be transcribed. The text is organized into several distinct blocks, likely representing separate paragraphs or sections of a legal document.]

SCHEDULE EIC
(Form 1040A or 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

ARNOLVIN U VELASQUEZ

1273

Earned Income Credit
Qualifying Child Information

OMB No. 1545-0074

2013Attachment
Sequence No. **43**

- ▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**
- ▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleeic.

Your social security number

102-96-1550

Before you begin:

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

CAUTION!

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3**

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you only have to list three to get the maximum credit.	[REDACTED]					
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	[REDACTED]					
3 Child's year of birth	Year <u>2012</u> <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4a Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. Go to line 4b.	
b Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 5. The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Daughter					
6 Number of months child lived with you in the United States during 2013 <ul style="list-style-type: none"> • If the child lived with you for more than half of 2013 but less than 7 months, enter "7." • If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12." 	<u>12</u> months Do not enter more than 12 months.		<u> </u> months Do not enter more than 12 months.		<u> </u> months Do not enter more than 12 months.	

For Paperwork Reduction Act Notice, see your tax return instructions.

FD121

Schedule EIC (Form 1040A or 1040) 2013

VSA

2013

EIC Qualification Checklist (Schedule EIC)

Name ARNOLVIN U VELASQUEZ Social Security Number [REDACTED]

Earned Income Status

Earned Income Credit: 2,884.

This return qualifies for EIC.

Due Diligence Information

Did you comply with the knowledge requirements? YES ☒ NO ☐
 Check 'NO' if the taxpayer has been disqualified from claiming EIC. IRS reject code 0606.

- You must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect.
- You may not ignore implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete.

Person Providing Information

- ☒ Taxpayer on this return
☐ Spouse on this return
☐ Taxpayer and spouse on this return
☐ Person other than taxpayer or spouse.

Name: ARNOLVIN U VELASQUEZ

Date: 2/22/2014 How did you obtain this information: ASKED THE EIC WORKSHEET QUESTIONS
 For example, "Asked the EIC worksheet questions."

All Filers

1. Do the taxpayer, and spouse if married filing joint or claiming spousal exemption, and all qualifying children have valid SSN for work? YES ☒ NO ☐
 2. Could the taxpayer, or spouse if married filing joint, be the qualifying child of another person? YES ☐ NO ☒
 3. Was the taxpayer either: a US citizen or resident alien for the entire year, or filing a joint return and the spouse is a US Citizen or resident alien? . . . YES ☒ NO ☐

Form 8862 Requirements

4. Has your EIC been reduced or disallowed on previous returns for any reason other than a math or clerical error? YES ☐ NO ☒
 5. Was the only reason your EIC was reduced or disallowed in the earlier year because it was determined that a child listed on **Schedule EIC** was not your qualifying child? YES ☐ NO ☐

Form 8862 is not required.

Taxpayers With Children

Number of qualifying children from Schedule EIC: 1

Child 1

- 6a. Did your qualifying son, daughter, adopted child, grandchild, stepchild, brother, sister, niece, nephew, or eligible foster child live with the taxpayer in the United States (not including US Possessions) for over half the year? YES ☒ NO ☐
 b. Select 'Yes' if the child is not married. If the child is married, is the taxpayer claiming the child as a dependent and the child is not filing a joint return (or is filing it only as a claim for refund). YES ☒ NO ☐
 c. If child is a foster child, was the child placed in the home by an authorized agency? (Skip this question if the child is NOT a FOSTER CHILD.) YES ☐ NO ☐
 7. Can another person (other than your spouse who you are filing jointly with) claim your child as a qualifying child for the EIC credit? YES ☐ NO ☒

2013

EIC Due Diligence Questions and Answers (Schedule EIC)

Name **ARNOLVIN U VELASQUEZ** Social Security Number **[REDACTED]**

This worksheet can be used to provide additional information to the IRS to support the Earned Income Credit.

We strongly encourage you to include appropriate details in each answer. Simple "Yes", "No" or "Unknown" answers will not be enough to cover your Due Diligence requirement. Complete sentences are required.

The Questions that come up automatically are just a guideline. You may need to ask and add more questions.

To add a question: type the question in the left box, type the answer in the right box.

[EIC Paid Preparers Toolkit @ IRS.gov](#)

☒ Documentation of Due Diligence Q and A is complete. All necessary additional questions have been asked and documented below

Due Diligence Question	Due Diligence Explanation
What is the name of the person(s) who cared for the child while you worked?	THE OTHER PARENT
What is the relationship of the person(s) who cared for the child while you worked?	GIRLFRIEND
When did you last see the child's other parent?	I SAW YESTERDAY
Where did you last see the child's other parent?	IN HER HOUSE
What is the frequency of contact that the child has with the other parent?	SHE SAW THE CHILD EVERY DAY

☐ Check this box to carry the above information to the IRS Preparer Notes.